DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	44A120	A. BUILDING _____ B. WING _____	C 09/05/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOHN M REED NURSING HOME	124 JOHN REED HOME RD LIMESTONE, TN 37681

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on facility record review, facility policy review, and interview the facility failed to report to the state health department office an allegation of abuse for three residents (#1, #2 #3) of five residents reviewed. The findings included: The facility received an allegation on July 26, 2012, of alleged abuse to three residents on July 20, 2012. Review of the facility policy for Abuse Protection Policy and Procedure revealed, "...Reporting...the administrator will notify the following of any/ all such reports...appropriate state health department office or licensing and regulation office..." Interview with the Administrator and the DON on September 5, 2012, at 12:05 p.m., in the Administrator's office confirmed that the Alleged abuse was not reported to the state. C/O #30244	F 226	(F 226) It is the policy of the facility to be in compliance with all regulatory requirements as referenced: 483.13(c) DEVELOP/IMPLEMENT ABUSE/NEGLECT, ECT POLICY All residents and staff members have the potential for harm from abuse/neglect. On September 20, 2012 and September 21, 2012 we implemented a facility-wide in-service to review and re-educate staff on the Abuse Policy. The policy states a "zero tolerance" for abuse/neglect and that if deemed reportable results of the investigation will be reported in accordance with CMS reference: S & C:11-30-NH revision 8.12.11 section 1150B of the Social Security Act and 483.13 (c) to the proper state agency (s) and/or law enforcement. Supervisor's will do periodic monitoring of staff's understanding of reporting abuse/neglect procedures for three months and policy review will be conducted during hiring, orientation process, annually and as needed. All staff will report incidents of abuse/neglect immediately to their supervisor. The supervisor will report all allegations immediately to the administrator for investigation. The administrator, or designee, will document all investigative findings and report allegations of reasonable suspicion based on factual information to the proper state agency(s) and/or law enforcement, as well as the resident's responsible party.	9-21-12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

LNHA | 9-21-12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.